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Mailing Address

797 S STONE STREET

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

797 S STONE STREET



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047740 (4)

ARTHUR J. MACK FUNERAL HOME, INC.

DELAND FL 32720-8777 DELAND FL 32720 3a. Date of Last Report 3. Date Incorporated or Qualified 06/30/1993 06/10/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 59-0979078 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CUSACK, JAMES E 797 SOUTH STONE STREET Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32720 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE 1.1 TITLE Change ☐ Addition THUE PTD MACK, ARTHUR J NAME 1.2 NAME STREET ADDRESS **801 PARSONS AVE** 1.3 STREET ADDRESS CILY - \$1 - 71P **DELAND FL 32720** 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME CUSACK, JAMES E 2.2 NAME STREET ADDRESS 799 S STONE ST 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIE DELETE Change Addition RILL 31 TITLE MAME 32 NAME **3.3 STREET ADDRESS** STREET ADORESS C(1Y-\$1-2)E 3.4. CITY-ST-ZIP DELETE THE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 City-St-ZIP CITY-ST-ZIF DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADORESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY - ST-ZIP DELETE Change Addition Table 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ENCLOSED HITTOMES E. Cosack 5/01/87 804-734-383/

FILED
May 28 1997 8:00am
Secretary of State

